

**COACHING EMPLOYMENT APPLICATION**

**The Arrowhead Union High School District**

700 North Avenue      262-369-3611 - www.arrowheadschoos.org  
 Hartland, WI 53029    262-367-7406 FAX - South Campus  
 262-369-0996 FAX - North Campus

The Arrowhead District does not discriminate on the basis of race, color, creed, sex, religion, national origin, age, ancestry, sexual orientation, disability, marital status, or any other characteristic protected by law. The Arrowhead Union High School District is an equal opportunity employer and your response to any question will be judged on its relevance to the position applied.

DATE: \_\_\_\_\_

VOLUNTEER COACH POSITION APPLYING FOR: \_\_\_\_\_

**BIOGRAPHICAL INFORMATION (PRINT CLEARLY AND FILL OUT APPLICATION ENTIRELY.)**

Last Name		First	Middle	Suffix (Sr., Jr., III, etc.)	
Current Home Address			City	State	Zip
How long at this address?					
Previous Address (If less than 4 years above.)		City	State	Zip	
How long at this address?					
Home Telephone		Work Telephone+Extension		May we contact you at work?	
( )		( )		Yes No	
When is the best time to call?		: a.m. / p.m.			
Cell Telephone		How were you referred to our school? (Newspaper, friend, etc.)			
( )					

**LEGAL**

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were you ever dismissed or asked to resign from any position? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, where \_\_\_\_\_.

Reason(s) for discharge: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor or have a pending charge, not including minor traffic violations, that relates to the position that you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please explain offense(s) and final disposition(s): \_\_\_\_\_

**IMPORTANT - PLEASE READ CAREFULLY**

In submitting this application for employment, I understand an investigation may be made whereby information is obtained regarding my character, employment history, education, licenses, credentials, credit history, driving record and criminal history. I agree to indemnify and hold harmless the Arrowhead Union High School District and Wisconsin DOJ Crime Information Bureau from all liability and damages whatsoever in obtaining, furnishing or using said information.

In the event of employment, I understand that false or misleading information given in this employment application, on my resume, in interview(s) or on related company documents may result in immediate termination. I also understand that I am required to abide by all rules, regulations and policies of the Arrowhead Union High School District. Provided state law permits, I further agree to submit to alcohol and/or drug screening tests, if requested of me at any time prior to or during my employment. A copy of this authorization shall be effective as the original.

I understand and agree if employed by "contract", I am bound by its contents. If employed, but not by individual contract or under terms of a collective bargaining agreement, I understand and agree the employment will be "at will". That is, either I or the Arrowhead Union High School District may end the employment relationship at any time, for any reason, or for no reason. I understand receipt of this application by the Arrowhead Union High School District does not imply employment and this application and/or other Arrowhead Union High School District documents are not contracts of employment, unless otherwise stated as "contract". All information contained herein will remain personal and confidential, and will only be used for employment with the Arrowhead Union High School District or its affiliates.

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**PLEASE INCLUDE ANY ADDITIONAL DOCUMENTS, SUCH AS YOUR RESUME, LETTER OF REFERENCE(S), ETC.  
 THESE DOCUMENTS WILL REMAIN ACTIVE FOR THIRTY (30) DAYS FROM DATE COMPLETED.**

Other Names Used: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Date of Birth, if no Wisconsin DL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**ARROWHEAD UNION HIGH SCHOOL  
VOLUNTEER CONTRACT**

I, (print name) \_\_\_\_\_, understand and agree that my involvement with the \_\_\_\_\_ at Arrowhead School District is performed with and under the following conditions:

1. I waive payment of any salary or stipend for my services.
2. I waive any eligibility for any benefits for my services.
3. I will familiarize myself with and adhere to all volunteer policies and procedures established by the School Board and Administration.
4. I will attend all inservice meetings designated to enhance student relationship skills as deemed necessary by the administration and/or activities director of the Arrowhead School District.
5. In the performance of my duties as a volunteer, I shall not intentionally or wantonly cause any injury or damage to person or property of said school district.
6. My services as a volunteer shall be performed with the understanding that I am included under standard insurance liability contract terms and conditions for the Arrowhead High School District. Under Wisconsin State Statute, I understand that I am not eligible for Worker's Compensation.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date